	PATENT	TION RECOI	Application or Docket Number										
			10/765,622										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				R THAN ENTITY	
TC	OTAL CLAIMS	;				·		RATE	FEE	7	RATE	FEE	
FO	DR .		NUMBER	R FILED	NUM	BER EXTRA	-	BASIC FEE 385.00			BASIC FEE	<del> </del>	
то	TAL CHARGE	ABLE CLAIMS	45 mi	inus 20=	* 2	7	Ι,	XS 9=		1	7/212		
INC	DEPENDENT C	LAIMS	<del>                                     </del>	ninus 3 =	* ;			X43=	<del> </del>	OR	Voc	<del></del>	
MU	ILTIPLE DEPE	NDENT CLAIM P	<del></del>	<del>- /</del>		<del></del>		(43= ———	—	OR	X86=	86	
~ 1f	··	's selumn 1 ic	to an About T		****	"O" in column 3		145=		OR	+290=		
* II		e in column 1 is				column 2	T	OTAL		OR	TOTAL	1,306	
		CLAIMS AS A (Column 1)	MENDED	D - PART (Colum		(Column 3)	SI	MALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	T tal	*	Minus .	**	·Uh	=	X	\$ 9=	r <sub>E</sub> E	OR	X\$18=	FEL	
MEN	Independent	*	Minus	***		=	-	(43=	<del>                                     </del>	1 1	X86=		
٨	FIRST PRESE	ENTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM		<u> </u>	43=	<del> </del>	OR		<u> </u>	
		1.13	,193	5,				145=		OR	+290=		
		' / · ·		•				TOTAL IT. FEE		OR ,	TOTAL ADDIT. FEE		
<del>- T</del>		(Column 1)	<del></del>	(Colum		(Column 3)				- ,			
MENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	BER OUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	*	Minus	**	-	=	X	\$ 9=		OR	X\$18=		
۶ŀ	Independent	l	Minus	***		= .	X4	43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		一			lt			
								45= TOTAL		OR	+290= TOTAL	•	
						•		T. FEE		OR A	ADDIT. FEE		
<del>-</del>	<u> </u>	(Column 1)		(Columi		(Column 3)				·			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOL PAID FO	BER USLY	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
֝֝׆֟֟֟ ֓֡֓	Total	*	Minus	##		=	X\$	9=		OR	X\$18=		
J J			Minus	***		=	X4	3=		<b> </b>	X86=		
<u> </u>	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (	CLAIM					OR			
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.							+14			OR	+290=		
** If 1	the *Highest Nurr	nber Previously Paid	id For IN THIS	S SPACE is I	less than	n 20. enter "20 "	ADDIT.	OTAL FEE	<u> </u>	OR A	TOTAL DDIT. FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.												,	